Fill i	n this inform	ation to identify your case:				directed in this form and	l in Form			
Deb	tor 1	Michael Joseph Beri		122	2A-1Supp:					
1	tor 2	I I I I I I I I I I I I I I I I								
Unite	ed States Ba	Eastern District of Division	oit	☐ 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).						
Case (if kno	st does not apply now bed but it could apply later.	cause of qualified								
					☐ Check if this is	an amended filing				
Off	icial Fo	orm 122A - 1				5				
		7 Statement of Your Cur	rent Mor	thly Inc	ome		12/15			
a sepa	arate sheet to er (if known) ry service, co	od accurate as possible. If two married people a to this form. Include the line number to which th If you believe that you are exempted from a promplete and file Statement of Exemption from a culate Your Current Monthly Income	e additional infor esumption of ab	mation applies. use because you	On the top of any add I do not have primari	ditional pages, write your i ly consumer debts or beca	name and case ause of qualifying			
1.	What is yo	ur marital and filing status? Check one on	y.							
	■ Not mai	rried. Fill out Column A, lines 2-11.								
	☐ Married	and your spouse is filing with you. Fill ou	t both Columns	A and B, lines 2	2-11.					
	☐ Married and your spouse is NOT filing with you. You and your spouse are:									
	☐ Livin	g in the same household and are not legal	ly separated. F	ill out both Colu	ımns A and B, lines	2-11.				
	pena	g separately or are legally separated. Fill on Ity of perjury that you and your spouse are legons that do not include evading the N	ally separated ur	nder nonbankrup	otcy law that applies	, ,				
10 6	01(10A). For emonths, add t	age monthly income that you received from all example, if you are filing on September 15, the 6-m he income for all 6 months and divide the total by the ental property, put the income from that property in	onth period would 6. Fill in the result.	be March 1 throu Do not include ar	gh August 31. If the ar ny income amount mor	nount of your monthly income than once. For example, it	ne varied during the			
					Column A Debtor 1	Column B  Debtor 2 or non-filing spouse				
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before payroll deductions).				\$ 5,200.00	\$				
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.				\$ 0.00	\$				
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in.  Do not include payments you listed on line 3									
5.	Net income	e from operating a business, profession, o	or farm							
				otor 1						
	Gross recei	ipts (before all deductions)	\$ 0.00							
	•	d necessary operating expenses	-\$ 0.00	0	<b>6</b> 0.00	•				
		y income from a business, profession, or fari	n \$	Copy here ->	\$	_ \$				
6.	Net income	e from rental and other real property	Dok	otor 1						
	C****	into (hoforo all dodustic::)	\$ 0.00	NOI I						
		ipts (before all deductions)	-\$ 0.00							
	•	nd necessary operating expenses  y income from rental or other real property	<u> </u>	Copy here ->	\$ 0.00	\$				
		, noning and an emoral round property	T							

Official Form 122A-1

0.00

\$

7. Interest, dividends, and royalties

Debtor 1

			•								
							Column A Debtor 1		Column B Debtor 2 or non-filing s	oouse	
8.	Unemp	ployn	nent compensation				\$	0.00	\$		
			the amount if you contend that the amount rity Act. Instead, list it here:	received was a benef	it under	the					
	For	you <sub></sub>		\$	0.00						
			spouse	\$							
	under t	the Sc	retirement income. Do not include any amocial Security Act.				\$	0.00	\$		
10.	not incl a victin	lude a	m all other sources not listed above. Sponsy benefits received under the Social Seculary benefits received under the Social Secular crime, a crime against humanity, or integrated that is the sources on a separate page and	rity Act or payments re ernational or domestic	eceived	as			•		
		·					\$	0.00	\$		
							\$	0.00	\$		
		Tot	tal amounts from separate pages, if any.			+	\$	0.00	\$		
11.			our total current monthly income. Add lin. Then add the total for Column A to the to		\$_	5	5,200.00	+ \$_		=\$Total c	5,200.00
Part	2:	Dete	rmine Whether the Means Test Applies	to You						incom	e
12.	Calcul	late y	our current monthly income for the year	r. Follow these steps:							
	12a C	Conv.v	our total current monthly income from line	11			Conv	y line 11 l	nere=>	\$	5,200.00
	124. 0	, ,	our total ourself monthly moonle normalise	<u></u>			оор.	,	.0.0-2		3,200.00
	M	/lultiply	y by 12 (the number of months in a year)							x	12
	12b. T	he res	sult is your annual income for this part of the	e form					12b.	\$	62,400.00
13.	Calcul	late th	ne median family income that applies to	you. Follow these ste	eps:						
	Fill in tl	he sta	ate in which you live.	MI							
	Fill in t	the nu	mber of people in your household.	4							
	Fill in the median family income for your state and size of household.  To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clels office.							30,093.00			
14.	How d	lo the	lines compare?								
	14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 17, here is no presumption of abuse.  Go to Part 3.										
	14b. Line 12b is more than line 13. On the top of page 1, check box 2\(\textit{The presumption of abuse is determined by Form 122A-2.}\)  Go to Part 3 and fill out Form 122A-2.										
Part	3:	Sign	Below								
	В	By sign	ning here, I declare under penalty of perjury	that the information o	n this sta	atem	ent and in a	ny attachn	nents is true an	d correc	t.
	X /s/ Michael Beri										
	^	Mic	hael Joseph Beri								
	Date	Feb	oruary 15, 2016 / DD / YYYY								
	If you checked line 14a, do NOT fill out or file Form 122A-2.										
	If you checked line 14b, fill out Form 122A-2 and file it with this form.										
		-									

Official Form 122A-1